

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FEB 17 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3062

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Jefferson  
 (b) City or town Meramec  
 (If outside city or town limits, write "RURAL" and name of township)  
Near Byrnesville  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community \_\_\_\_\_ years, months or days 60 years

3. (a) PRINT FULL NAME MARGARET (DWYER) GARNER

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Eli Garner 6. (c) Age of husband or wife if alive 81 years  
 7. Birth date of deceased May 29 1862  
 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 29 If less than one day  
 — hr. — min.

9. Birthplace Kirkwood Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife11. Industry or business Own home12. Name John Dwyer13. Birthplace Ireland14. Maiden name Margaret Dwyer15. Birthplace Ireland16. (a) Informant's own signature Raymond Phelan(b) Address Eureka Mo. R#117. (a) Burial (b) Date thereof Jan 29 1941(c) Place: burial or cremation Byrnesville Mo18. (a) Signature of funeral director Phelan(b) Address House Springs Mo19. (a) 28 Jan 1941 (b) James A. Downes

(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson  
 (c) City or town Rural (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 0  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27  
 year 1941 hour 2 am minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from  
Jan 26th, 1941, to Jan 26th, 1941;  
 that I last saw her alive on Jan 26th, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration Short

Due to Hypertension  
Arterio Sclerosis

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) hypertension

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3 1/2

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature T. B. Edwards (M. D. or other) MDAddress Ordorville Mo Date signed 1/28/41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

*J. B. Brimmer*

Licensed Embalmer No. \_\_\_\_\_

1470

P. O. Address \_\_\_\_\_

*House Springs, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**